Best Available Copy

DATENT	ADDI	LOATION	DETERMIN	ATION	DECODE
PAIFNI	ΔΡΡΙ	IC:AIICIN	DETERMIN	ΔΙΚΙΝ	RECOR

Effective October 1, 2000

09823838

Application or Docket Number

. CLAIMS AS FILED - PAI (Column 1)				(Column 2)			SMALL ENTITY TYPE		OTHER TH.				
TOTAL CLAIMS /9		ii				ſ	RATE	FEE		RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			/9 minus 20= *		*	-0-		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 mi	nus 3 =	= -			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2		TOTAL	355,00	OR	TOTAL		
CLAIMS AS AMENDED - PART I								101712	المعاصل	1011	OTHER	THAN	
		(Column 1)		(Colui		(Column 3)	_	SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		1
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		١
							L	TOTAL		OR	TOTAL		-
		(Column 1)		(Colu	mn 2\	(Column 3)		ADDIT. FEE		1011	ADDIT. FEE		
Г	1 8	CLAIMS		HIGH	IEST	(Column 3)	' 1 r	1	ADDI-	1	.	ADDI-	-
AMENDMENT B	1 As	REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NDW	Total	*	Minus	**	<u> </u>	=	<u></u>	X\$ 9=		OR	X\$18=		-
AME	Independent	*	Minus	***		<u> </u> =	↓ ľ	X40=		OR	X80=		١,
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=		ľ
						L	TOTAL			TOTAL		ł	
								ADDIT. FEE		OR	ADDIT. FEE		ł
_		(Column 1) CLAIMS		(Colu	mn 2)	(Column 3)	١.			ī			
ENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		ŀ
	Independent	*	Minus	***		=]	X40=			X80=		1
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		∮ Ł			OR	ļ		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													